

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

UNITED STATES OF AMERICA
PLAINTIFF

MICHELE JOHNSON
DEFENDANT

CASE NO: 22-CR-20590

ADDENDUM TO
MOTION TO WITHDRAW
PLEA

FILED
JUL 06 2023
CLERK'S OFFICE
DETROIT

(1) THIS ADDENDUM PROVIDES ADDITIONAL INFORMATION
DISCOVERED AFTER THE 6-21-2023 "MOTION TO WITHDRAW PLEA" WAS FILED.

(2) ON 6-22-2023, DEFENDANT DISCOVERED COURT APPOINTED
COUNSEL "QUINN" (C.A.C. QUINN), WITHHELD MEDICAL RECORDS VITAL TO
THE SUCCESS OF A 4-18-2023 COURT SUGGESTED 18 U.S.C. 3143 MOTION
RESULTING IN THE COURT'S DENIAL OF SUCH MOTION INDICATING THAT
NO MEDICAL RECORDS WERE PROVIDED TO PROVE DEFENDANT'S LUNG
DISEASE CONDITION CLAIMS.

(3) ON 4-20-2023, 18 U.S.C. 3143 MOTION WAS FILED,
SPECIFICALLY TO PROTECT DEFENDANT'S POOR HEALTH AND LUNG DISEASE
FROM THE INCREASED RISKS OF CONTRACTING THIS GLOBAL STILL
ALIVE COVID PANDEMIC SUBVARIANTS BUT EXPERIENCED C.A.C. QUINN
WITHHELD THOSE MEDICAL RECORDS AVAILABLE TO HIM, SEVERLY
SABOTAGING THE SUCCESS OF THAT MOTION.

(4) DEFENDANT INITIATED A RELEASE OF INFO DOCUMENT
TO THE LIVINGSTON CO. JAIL TO PROVIDE C.A.C. QUINN HER MEDICAL

RECORDS INCLUDING THE MARCH 2023 LUNG DISEASE DIAGNOSIS FROM DR. DARRYL PARKER. HEAD NURSE, TAMMY DEMPSEY CONFIRMED THE RECORDS WERE SENT TO C.A.C. "QUINN."

(5) C.A.C. "QUINN" REMOVED PAGES OF DEFENDANTS MEDICAL RECORDS RELATED TO DR. DARRYL PARKER'S LUNG DISEASE DIAGNOSIS, REMOVING THE IMPRESSION OF ANY MEDICAL URGENCY AND FORWARDED THE NON-LUNG DISEASE RECORDS TO THE ATTORNEY GENERAL OFFICE (A.G.) AND NO RECORDS AT ALL TO THE COURT; FURTHER EXPLOITING THE VULNERABILITIES OF THIS CASE. THE A.G.'S RESPONSE TO THE 4-20-2023 18 U.S.C. 3143 MOTION COMPLAINED THAT THERE WERE NO MEDICAL RECORDS INDICATING THE DEFENDANT HAD ANY LUNG DISEASE.

(6) C.A.C. "QUINN" FAILED TO FILE A REPLY TO THE A.G.'S OFFICE OPPOSING RESPONSE TO THE 4-20-2023 18 U.S.C. MOTION REGARDING DEFENDANTS POOR HEALTH CONCERNS OR A REPLY REGARDING THE DISMISSED ALLEGATION OF A RUSTY UNOPERABLE WEAPON. THE LACK OF A REPLY FURTHER HELPED THE 18 U.S.C. 3143 MOTION TO FAIL.

(7) A SHORT TIME LATER; SUSPICIOUSLY AFTER A YEAR + OF NO FEDERAL COURT CASE APPOINTMENTS. C.A.C. QUINN RECEIVED A 2ND CASE ADDITIONAL INCOME COURT APPOINTMENT, DRAWING EXTREME SUSPICION AS TO WHY PAGES FROM DEFENDANTS MEDICAL RECORDS WERE MISSING AND NO REPLY TO THE 18 U.S.C. 3143 MOTION WAS EVER FILED.

(8) ON 6-5-2023 THE A.G.'S OFFICE RECEIVED THEIR COPY OF DEFENDANT'S PROSE "MOTION TO WITHDRAW PLEA" DRAFT COPY THAT SERIOUSLY COMPLAINED THAT #52 DAYS HAD PASSED SINCE THE 4-18-2023 SUGGESTED 18 U.S.C. 3143 MOTION WAS FILED. ON 6-6-2023, THE NEXT DAY THE COURT ISSUED A DENIAL ORDER TO THE 4-20-23 MOTION INDICATING THERE WERE NO MEDICAL RECORDS TO PROVE DEFENDANT'S POOR HEALTH.

(9) THE HONORABLE JUDGE FRIEDMAN'S COURT IS FAMILIAR WITH LIVINGSTON CO JAIL'S DR. DARRYL PARKER AND HEAD NURSE Ms. TAMMY DEMPSEY DUE TO A LEGAL CASE HANDLED IN THAT COURT A FEW YEARS AGO, AND THEY ARE WILLING TO DIRECTLY PROVIDE THE COURT WITH THE DIAGNOSIS OF DEFENDANT'S LUNG DISEASE. (SEE EXHIBIT A) OR AT (517) 546-2445.

(10) THE ABOVE EVENTS LEAD TO SUPPORT THE ABUSES THIS CASE HAS EXPERIENCED INCLUDING THE MISLEADING PLEA SECTION 8B(1) 12 MONTH PLUS 1 DAY SENTENCE EQUALING THE SAME AS A 10 MONTH SENTENCE STATEMENTS MADE BY THE A.G.'S OFFICE ON 4-5-2023 THAT THE DEFENDANT RELIED ON.

Respectfully Submitted

M. T. [Signature]

6/24/23

CERTIFICATE OF SERVICE

I CERTIFY THAT A TRUE COPY BY
U.S. MAIL WAS MAILED ON 6/28/23
TO THE U.S. ATTORNEY OFFICE AT
211 W. FORT ST. DET. MI 48226 AND
TO CHRISTOPHER QUINN ATTORNEY OR RECD
AT 400 MONROE ST BOX 330 - DETROIT
48226.

Mark J. [Signature]

6/29/23

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the use and/or disclosure of my protected health information (PHI) as described below.

Patient name: Johnson Michele

Person/organization authorized to disclose PHI:

LIVINGSTON County Jail

Name of person or organization

150 S. HIGHLAND

Street Address

DR. DARRYL PARKER

HEAD NURSE TAMMEY DEMPSEY

City, State, Zip (517) 546-2445

Date of birth:

Correctional facility authorized to receive PHI
under HIPAA statute 45 CFR § 164.512(K)(5):

UNITED STATES DISTRICT COURT
EASTERN DISTRICT - MICHIGAN

Name of correctional facility

231 W. LAFAYETTE BLVD.
DETROIT, MI 48226

City, State, Zip (313) 234-5000

I expressly request that the facility identified above disclose my full and complete PHI related to the following selection(s) from the dates 2/22/2023 through 5/30/2023.

- ☒ All medical records
☐ All mental health records

Only the following:

- ☐ Physical evaluations
☐ Psychiatric/psychological evaluations
☐ Clinical progress notes
☒ Lab/diagnostic results
☐ Psychological testing

DR. PARKER'S TEST RESULTS AND
DIAGNOSIS OF PATIENTS LUNG DISEASE
IN MARCH OF 2023.

X-RAY
MARCH 2023
RESULTS

- ☐ Treatment plan
☐ Safety plan
☐ Discharge summary/instructions
☐ Medication list
☐ Other (specify):

This PHI is disclosed for the purpose of provision of healthcare information regarding genetic testing, substance use disorder, HIV test results, and sexually transmitted infections and are protected under the federal regulations covering confidentiality of Drug and Alcohol Abuse Patient Records, 42 Code of Regulations (CFR) Part 2 and the Health Insurance Portability Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

Check below if you do not want this information released:

- ☒ Substance Use Disorder Treatment
☒ HIV test results and related treatment
☒ Sexually transmitted infections
☒ Genetic Testing

I understand that this authorization will expire one year from the date of my signature below. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by the Privacy Rule. I understand that I have a right to revoke this authorization and may do so by notifying the facility listed above in writing. Revoking this authorization will not have any effect on any actions the facility took before it received the revocation. If this authorization was obtained as a condition of obtaining insurance coverage, I understand that my revocation will not affect the insurer's rights to contest a claim under the policy or the policy itself. I do hereby consent to the disclosure of the above-described information contained in the health record identified on this form. I understand that the facility will not condition the provision of treatment or payment on the provision of this authorization.

Michele Johnson
Signature of Patient or Personal Representative

6/24/23
Date

Personal Representative Name

Relationship to Patient

Witness Name

Signature and printed name

Date

The agencies listed on this release form are not responsible for third party re-disclosure of the authorized information exchanged per this release. PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected pursuant to CFR 42 part 2 and HIPAA regulation CFR. Any further disclosure is person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public record law. We will not re-disclose any protected health information received from other parties, that may be present in our record.

05B.22 Release of Information (from Outside to Facility)

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LYNNISTON COUNTY Jail
MICHAEL JOHNSON 48293
150 S. HIGHLANDER WAY
HOWELL, MI 48843

GRAND RAPIDS MI 493

26 JUN 2023 PM 3 L

U.S. MARSHALS

UNITED STATES DISTRICT FEDERAL COURT
EASTERN DISTRICT MICHIGAN OFFICE
% CLERKS OFFICE

231 W. LAFAYETTE BLVD
DETROIT, MICHIGAN 48226

LEGAL MAIL

48226-279426

